

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080026 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 02/03/2016 |
| NAME OF PROVIDER OR SUPPLIER THE MEADOWS OF ROCKWELL RETIREMENT | | STREET ADDRESS, CITY, STATE, ZIP CODE 612 HIGHWAY 152 EAST ROCKWELL, NC 28138 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 000 | Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on February 3, 2016. This facility was first licensed as a Home for the Aged serving 120 residents on August 9, 1988. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code (Revision 9) Section 409, Institutional Occupancy, Unrestrained. Deficiencies were noted which will require a new plan of correction. | C 000 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the resident furnishings in bedrooms were not maintained in clean condition. Findings include: a) An odor of urine was detected at the left end of the 100 Hall corridor. Further inspection revealed that Room 118 has badly stained carpet and is the source of the odors in the corridor. | C 164 | Carpet has been cleaned | 03/08/16 |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

SIGNATURE

TITLE

(X6) DATE

Danette Rogers ED

3/18/16

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| C 164 | Continued From page 1 b) The toilet paper dispenser is missing in the resident bathroom on the main hall | C 164 | Toilet paper dispenser mounted | 03/01/16 |
| C 166 | Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained free of hazards by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder. Findings include: The oxygen bottles in Room 16 are being stored loose in a box, and also in beverage crates that can not prevent them from tipping over. | C 166 | O2 bottles removed from beverage crate and stored safely into approved containers | 03/01/16 |
| C 189 | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | C 189 | | |

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| C 189 | Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to suppress a fire. Findings include: a. Water could be heard running through the "dry" sprinkler pipe in the attic. Further investigation revealed that water was draining into a bucket inside the sprinkler riser room. Have the system checked and eliminate any intrusion of water into the dry pipe system in the attic. 2. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Exit signs and emergency lights are not working in the following locations: a) Emergency Light at B Hall Med Storage Room, b) Emergency Light at Activity Room c) Exit sign at Dining Room exit to corridor d) Corridor Exit Sign near room 337 3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings include: | C 189 | Century Link completed needed repairs on 3/18/16 Repaired Replaced batteries in emergency lights Bulbs replaced in exit signs | 3/18/16 3/1/16 3/1/16 |

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| C 189 | Continued From page 3 a. The attic smoke barrier wall over room 311 has unprotected penetrations by a sprinkler pipe and other conduits, and the tape on the wall is coming loose. b. The attic fire wall over room 336 has unprotected penetrations by a sprinkler pipe and other conduits, c. The attic smoke barrier wall over room 124 has unprotected penetrations by a sprinkler pipe and other conduits, d. The attic smoke barrier wall over room 124 has a smoke damper which failed to close when the test switch was activated. e. In the Kitchen Dry Stores room there is an unprotected ceiling penetration by conduit f. In the Kitchen Office a plastic access panel has been used to cover a hole in the wall to the kitchen. g. In the corridors some of the modems installed near the ceiling have unprotected penetrations by wire above them. h. There are unprotected ceiling penetrations in the Medical Records office. i. There are unprotected ceiling penetrations in the Staff Lounge. j. There are unprotected ceiling penetrations in the Electrical Room across from the office. k. There are unprotected ceiling penetrations in the Shower Room on the 100 Hall. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 4. Based on observation, the facility components were not maintained operable by having doors that did not close easily and latch. Findings include: | C 189 | <p>→ All penetrations have been repaired and tape has been fixed 3/11/16</p> <p>→ Repaired 3/10/16</p> <p>→ Smoke barrier wall has had all penetrations repaired 3/10/16</p> <p>→ Smoke damper being repaired by Chris Register 3/18/16</p> <p>→ Kitchen Dry store Penetration in ceiling repaired 02/23/16</p> <p>→ Plastic panel has been replaced with Sheetrock 3/10/16</p> <p>→ Fire proof caulk has been put in to fill penetrations in ceiling near modem; medical office; staff lounge; electrical room; and shower room on 100 hall 3/1/16</p> | |

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| C 189 | Continued From page 4 a) Bedroom 331 door is being held open b) Exit gate between C Hall and Dining Room drags floor and is hard to open c) Both Kitchen doors to the Dining Room are wedged open d) Kitchen door to dry stores is blocked and can not be closed | C 189 | A. Replaced hinge B. Repaired Gate C. Removed stopper on Kitchen door D. Moved shelf in dry storage so door can close. | 2/23/16 3/10/16 2/23/16 2/23/16 |